

# Montana Medicaid Hospice Policy Manual

## Table of Contents

Section	Subject	Policy Number	Revision Date
<b>100 General Information</b>			
	Definitions	003	10/2016
	Manual Instructions	101	10/2016
<b>200 Program Description</b>			
	Legal Authority	202	10/2016
<b>300 Program Administration</b>			
	Member Rights	301	10/2016
	Fair Hearing Rights	302	04/1/2018
	Third Party Liability	304	07/01/2018
<b>400 Eligibility for Services</b>			
	Eligibility Requirements	401	10/2016
	Election Periods	402	10/2016
	Certification of Terminal Illness	403	10/2016
	Notice of Election of Hospice Services Policy Clarification Memo	404	07/01/2018
	Election of Hospice Care	404	07/2017
	Election of Hospice Form Example	404-1	07/2017
	Discharge from Hospice Care	406	10/2016
	Revoking Hospice Care	407	10/2016
	Change of Designated Hospice	408	10/2016
	Initial and Comprehensive Assessment of Member	410	
	Interdisciplinary Group, Plan of Care and Coordination of Services	411	10/2016
	Quality Assessment and Performance Improvement	412	10/2016

# Montana Medicaid Hospice Policy Manual

## Table of Contents

	Infection Control	413	10/2016
	Licensed Professional Services	414	10/2016
<b>500 Eligible Services</b>			
	Requirements for Coverage	500	10/2016
	Covered Services	501	10/2016
	Special Coverage Requirements	502	10/2016
	Admission to Hospice Care	503	10/2016
	Non-Covered Services	504	10/2016
	Special Requirements for Pre-Election Evaluation and Counseling	505	10/2016
<b>600 Payment for Hospice</b>			
	Payment Procedures for Hospice	600	07/2017
	Payment Rates and Adjustments for Area Wage Differences	601	10/2016
	Hospice Cap Payment	602	10/2016
	Submission Requirements under the Quality Reporting Program	603	10/2016
	Hospice Reimbursement for "Board and Room" Rate and Included Services.	605	10/2016
<b>700 Service Coordination</b>			
	Core Services	701	10/2016
	Furnishing Non-Core Services	702	10/2016
	Aide and Homemaker Services	703	10/2016

# Montana Medicaid Hospice Policy Manual

## Table of Contents

	Volunteers	704	10/2016
	Organization and Administration of Services	705	10/2016
	Hospice Medical Director	706	10/2016
	Clinical Records	707	07/2017
	Medical Supplies	708	10/2016
	Short Term Inpatient Care	711	10/2016
	Inpatient Hospice Facility Compliance Requirements	712	10/2016
	Hospice Care Provided by a SNF/NF or ICF/IID Facilities	713	10/2016
	Curative Care for Children Receiving Hospice Services	715	10/2016